

**2003-2004 Youth Basketball Registration**  
**ANNAPOLIS RECREATION DEPARTMENT & ANNAPOLIS OPTIMIST CLUB**

*9 St. Mary's Street*  
*Annapolis, MD 21401*  
**410-263-7958**

**www.annapolis.gov**

**Fee: \$45.00 Make Check Payable to the Optimist Club of Annapolis, Inc.**  
**Please complete all portions of the registration form legibly. (Please Print)**

***Player Information***

**Name (last, first)** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**Address** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone** \_\_\_\_\_ **School** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Playing Experience (years played)** \_\_\_\_\_

**School** \_\_\_\_\_ **Starting into Grade** \_\_\_\_\_

**Accurate Height** \_\_\_\_\_ **feet** \_\_\_\_\_ **inches** \_\_\_\_\_ **Accurate Weight** \_\_\_\_\_ **lbs.** \_\_\_\_\_

**Child's Age by December 31, 2003 (Circle One)** clinic (6-7) (8) (9) (10) (11-12) (13-14) (U 17)

**T-Shirt Size: (Circle One) Youth or Adult and (Circle One) :** Sm Med Lg X-Lg XX-Lg

***Parent/Guardian Information***

**Father's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Interested in Coaching or Helping?** \_\_\_\_\_

**Background checks will be performed on all coaches.**

***EMERGENCY CONTACTS***

**Child's Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Close Friend/Relative** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Pre- Existing Medical Condition** \_\_\_\_\_

***WAIVER/RELEASE AND CONSENT AGREEMENT***

The undersigned hereby grants permission for the above player to participate in the basketball program sponsored by the **Annapolis Recreation Department/ Optimist Club of Annapolis, Inc. during the 2003-2004 season.** It is understood that the Optimist Club of Annapolis, Inc. is a volunteer organization which co-sponsors this program as a community service and is not responsible for expenses or damages resulting from injury to participants which is sustained in conjunction with or incidental to an Optimist sanctioned activity. My child and I are also aware that participating in basketball is a potentially hazardous activity. I assume all risks associated with participation with this sport, including but not limited to falls, contact with other sport participants and other reasonable risk conditions associated with the sport. All such risks are known and understood by me. Accordingly, the undersigned hereby expressly agrees to waive all claims against and hold exempt and release from liability the Optimist Club of Annapolis, Inc., its officers, directors, coaches, volunteers and other persons affiliated with the Club, for injury or injuries sustained by the above referenced child, from whatever cause, while watching, attending, participating in or traveling to or from games, practices, and other club activities.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**All players/parents and coaches must sign and adhere to an Athletic Code of Conduct.**